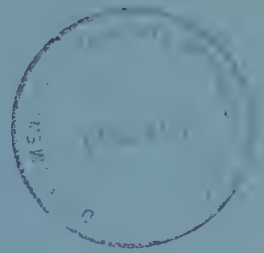


Wincanton Rural District Council



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR ENDED

31st DECEMBER, 1969

W I N C A N T O N

R U R A L D I S T R I C T C O U N C I L

---000:000---

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

FOR THE YEAR ENDED 31st DECEMBER, 1969

PUBLIC HEALTH OFFICERS

Medical Officer of Health	:	P. POWER FOX, M.B., Ch.B., D.P.H.
Chief Public Health Inspector	:	F.R. BEALING, M.A.P.H.I.
Additional Public Health Inspectors	:	G.C. SINKINS, M.A.P.H.I. B.T. BARNETT, M.A.P.H.I.
Housing Officer	:	R. A. HIGGINS.



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TO THE
CHAIRMAN AND COUNCILLORS
OF THE
WINCANTON RURAL DISTRICT COUNCIL

---000:000---

Ladies and Gentlemen,

I have the honour to present my Annual Report for the year 1969.

VITAL STATISTICS

Births

The total number of live births during the year was 342, as compared with 244 for the previous year. The Standardised Birth Rate was 16.7, as compared with 16.5 for the previous year. The Rate for England and Wales was 16.3.

Deaths

The number of deaths of infants under the age of one year was 5, as compared with 10 for the previous year. The Infant Mortality Rate (i.e. deaths under 1 year per 1,000 live births) was 21, as compared with 41 for the previous year. The Rate for England and Wales was 18. The Perinatal Mortality Rate was 25, as compared with 60 for the previous year. The Rate for England and Wales was 23.

The Standardised Death Rate of the general population was 10.9, as compared with 11.7 for the previous year. The Death Rate for England and Wales was 11.9. Of the total deaths for all ages, namely, 244, 141 occurred in people aged 75 years and over. As in previous years, the major causes of death were Heart Disease, 61, Vascular Lesions of the Nervous System (strokes) 50, and Cancer, 42.

Infectious Diseases

The number of cases of infectious diseases notified was 151, as compared with 63 the previous year. The increase was mainly accounted for by the increase in the number of cases of Measles notified, 143, as compared with 49 the previous year.

Immunization

Members of the Council are aware that consequent upon the use of the Computer at County Hall, immunization of children (pre-school and school), was removed from the Welfare and School Medical Service, and in previous reports I expressed disquiet at this measure. The System was introduced gradually and 1969-70 was the first year when 100% "computer immunization" was carried out in Yeovil Borough and Yeovil Rural Districts; the 100% target has not yet been reached in the Wincanton Rural District. Figures furnished by the County are in relation to those general practitioners whose surgeries are situated in the Local Authority areas and are therefore approximate figures, but the figures indicate a satisfactory maintenance of the immunization level of the children.

FLUORIDATION

I first made reference to the value of fluoridation in my Annual Report for 1955, and in five subsequent reports I have again advocated this beneficial measure of rectifying a defect in the public water supply.

Opponents of fluoridation of public water supplies have urged the value of alternative methods. In a leading article in the British Medical Journal, April, 1970, "Control of Dental Caries", the following abstract is relevant.

"Adjustment of the content of fluoride ion in the drinking water to the optimum concentration of 1 p.p.m. has long been accepted by most authorities as a safe, effective, and ethical method of reducing caries. Extensive studies in areas where the drinking water contains fluoride, either naturally or artificially, have contributed evidence of the value of the ion, and in addition it has been shown that the effect of fluoride is not confined to children but continues into middle age. A recently published report from the Departments of Health has further confirmed previous findings, but it also showed that the 1962 decision by the local authority in Kilmarnock resulted in an increase in the caries experience of children, which is approaching the pre-fluoridation level.

"Other vehicles for the administration of fluoride have been considered, including salt, milk and tablets. All have drawbacks which render them unsuitable as part of a community health procedure. Local applications of fluoride in the form of solutions applied by means of mouth rinses and toothpastes have been subjected to clinical trial and shown to have some value. But the reductions in caries experience do not approach those resulting from water fluoridation. Thus, while caries cannot be described as an entirely preventable disease, its prevalence in the community and the harm to a particular individual can be reduced considerably by sound diet and the use of fluorides."

In the journal "Medical Officer", dated 6th December, 1968, an article by the Federation Dentaire Internationale and Association Dentaire Mondiale, London, stated that in Hastings, New Zealand, payments from public funds for dental treatment have been halved after 10 years of fluoridation. The cost of dental care and treatment in Somerset for the year ending 31st March, 1969, was £968,500, approximately £165,975 being charged to patients.

The "Medical Officer", 27th March, 1970 (Parliament and Public Health) reported as follows:-

"Mr. Judd: Would my right hon. Friend agree that a number of L.A.'s throughout the country are making half-baked decisions on the basis of totally inadequate information? Would his Department give higher priority to making sure that proper and authentic information is available for L.A.'s when considering this vital subject?

Mr. Crossman: I suggest to my hon. Friend that, however much money, time and trouble one takes, eyes which are determinedly closed cannot be opened.

Mr. Fortescue: Is the right hon. Gentleman aware that practically every dentist is enthusiastically in favour of fluoridation in the interests of patients? Mr. Crossman: I am aware of that. I must admit that, while in respect of public education I am an old-fashioned Liberal, I am being gradually but inevitably driven to the view that we may have to legislate to deal with this problem."

NUTRITION IN THE ELDERLY

Social Factors in the Health and Nutrition of the Elderly.

Paper read to the Royal Society of Health, Food and Nutrition Group, London, 1969, by Malcolm L. Johnson, B.A., D.S.A.A.

A survey of the Health status, social and economic circumstances of 162 people over 70 in Camden L.B. in relationship to their facilities for sustaining an adequate diet showed 23% of single persons households spent less than £2 a week on food and 40% of two-person households, less than £4, 43% had refrigerators and 91% full cookers. The great majority had a hot meal daily, cooked by themselves. Only 4% had Meals on Wheels. Conclusions show that those who are older or live alone are not more vulnerable to conditions related to dietary deficiency. Other points brought to light in this survey showed 23% to have an iron deficiency anaemia. The conclusions drawn from this survey were limited by the absence of detailed information on diet, it was considered that in the sample of people surveyed inadequate nutrition was limited to a small minority. Three results were considered particularly interesting if not new.

1. Nutritional deficiencies did not in general increase with age.
2. Whilst anaemia was more common among women than men, there appeared to be no other unlimited deficiencies.
3. Old people who lived alone did not appear to suffer more nutritional deficiencies, to be less likely to eat regular hot meals or to ask for supplements to their diet from others.

In an article "Research on Ageing" (S. Ferguson Anderson, O.B.E., M.D., F.R.C.P. - text of talk to the Medical Research Council) it is stated that the number of old people in the U.K. is increasing; after 1975 the increase will be in the age group of 75 years and over, with women being more numerous than men. This article also emphasized that disease in old age is insidious in onset. Much of it is of a minor nature, but when minor lesions accumulate in the same patient, illnesses of a severe nature may ensue. Older people take up much more of the general practitioners time. In a 1955 - 56 study conducted by the General Register Office and the Royal College of General Practitioners men over 65 years of age required 586 more consultations and women 641, compared with 339 and 408 respectively at all ages. A comforting side light is that though attention to the elderly by relatives and friends is often said to be a declining figure (Zetterquest 1968) suggest that in the U.K. relatives and friends do much more than in other countries. 42% of old people in the U.K. live with one or more of their children, corresponding figures, the U.S.A., Denmark and Sweden are 28%, 20%, and less than 10% respectively.

With regard to the authorities for whom I act as Medical Officer of Health, I am of the opinion that though the problem of old people is not as acute as in other parts of England and Wales, it is sufficiently large to merit more attention than it receives at present. The percentage of people aged 65 years and over is approximately 15% of the general population - for the Yeovil Borough, 3,900; for Yeovil Rural District 4,350 and Wincanton Rural District, 2,500. It is self evident that the majority of these senior citizens are fit and healthy, but as previously shown they are a section of the community more liable to illness than the general population. The total number of current cards held by Health Visitors attached to general practitioners for the year 1969-70 totalled 155, i.e. 3.3% of the 4,160 people aged 65 years and over, who are on the lists of the Yeovil general practitioners. Without minimising the value of infant welfare care, I think that if necessary some of these resources should be made available to the 65 years and over.

continued.....

Other agencies which contribute greatly to the well-being of old people are:-

1. The Home Help Service.

A report of the Government social survey on the Home Help Service in England and Wales, published April 1st, recommends that the existing force of 60,000 should be doubled or trebled to meet their commitments. The report states that 68% of the elderly helped were aged 75 years or over, more than 27% house-bound, and only 11% without difficulty in performing tasks involving mobility; 10% had no surviving close relatives and most were adjudged to be living on or just above supplementary benefit level. Disquiet was expressed in the report that some 3% of elderly recipients of the service said that meals were never prepared by or for them, since this presumed that they were living exclusively on food that did not require cooking.

2. Meals on Wheels Service.

Meals on Wheels are supplied in the Yeovil Borough and Yeovil Rural District by the W.R.V.S., and by the Red Cross in the Wincanton Rural District. This service is not only of value in providing a hot meal, but is also of social value, especially to those old people living alone, who do not have much contact with the world. The main adverse criticisms are:-

- (i) The time interval between the preparation and serving of the meal, possibly 3 hours, and the loss of Vitamin C may amount to 90%.
- (ii) Due to lack of sufficient personnel the number of meals per person per week is inadequate.

Details of the meals supplied by the W.R.V.S. in the Yeovil Borough for the year 1969 are as follows:-

Yeovil Borough	No. of days per week on which meals are served	No. of recipients getting 1, 2, 3, 4, 5, 6, or 7 meals per week							Total mid-day meals served for the outr.
		1	2	3	4	5	6	7	
<u>Quarters ended</u>									
31.3.69	4	9	13	13					1,256
30.6.69	4	14	12	23					1,184
30.9.69	4	4	12	27					1,196
31.12.69	4	7	11	27					1,308
Total No.Meals									<u>4,944</u>

Comparative figures for Yeovil Rural District are:-

<u>Quarters ended</u>									
		1	2	3	4	5	6	7	
31.3.69	2		52						1,169
30.6.69	2		48						1,297
30.9.69	2		48						1,316
31.12.69	2		48						1,176
Total No. Meals									<u>4,958</u>

OBESITY

A feature of the "affluent society" is the increasing obesity of the population. The disadvantages of obesity are considerable, life expectancy is shortened, i.e. a man aged 45 who weighs 25 lbs. above his standard weight reduces his life expectancy by 25% and is more likely to die aged about 60 years than 80 years. The reasons for this are largely due to the strain on the heart due to over-weight, high blood pressure and changes in the wall of the arteries. Other disabilities associated with obesity are arthritis, bronchitis, diabetes, gall stones and gout. It has been shown that 80% of fat children grow into fat adults, therefore, as prevention is better than cure, and as obesity in children stems from overfeeding in infancy, it is the diet of babies and infants which requires reassessment. In 1967, I read an article in "World Medicine", headed "Infants Diet Shapes the Adult". I wrote to the Ministry of Health and received the following reply to various points I had raised, and in view of its importance I forwarded copies of the correspondence to General Practitioners and Health Visitors in the areas of which I am Medical Officer of Health, and to County Hall, etc., for their information.

Copy of letter from the Ministry of Health, dated 10th October, 1967.

"You wrote some time ago concerning over-feeding in infancy and early childhood. Since then I have been seeking advice from various sources and can now comment as follows: There is indeed evidence from animal work that adipose tissue retains the capacity for forming new cells during early life. Professor Wolff refers to this in a chapter on "Obesity in Childhood" in Recent Advances in Paediatrics (1965) page 223. At present he knows of no similar work concerning the human species. The recent paper by P. Asher (Archives of Diseases of Childhood. 41.672.1966) shows that there is a tendency for the over-weight infant to grow into an over-weight child, and work which Professor Wolff did with his colleagues (Childhood Obesity: a long term study of height and weight, Lancet 2.145.1961) confirms that obesity during the school years is likely to persist into adolescence and into adult life. There seems no doubt that obesity is a common nutritional problem in children in this country. At present it would seem that there are still many doctors who are not aware of the dangers of obesity in infancy and childhood or of its bad prognosis. I understand that the B.M.A. is at present making a film on the subject of obesity in childhood and perhaps this will go a little way to publicizing the problem. I think it is one to which we should give further thought." Dr. F. Riley, Senior Medical Officer."

A comparatively recent innovation has been the introduction of solid foods into a baby's diet at an increasingly early age. Well known firms marketing cereals for the babies suggest varying ages for the introduction of such foods, one firm suggesting a few days to a few weeks of age.

The "Medical Officer", May, 1970, published an article "Relationship between Weight of an Infant and Lower Respiratory Infections" Part of the findings were

(i) Babies who received solids under 9 weeks of age had a significant increase in the number of infections, compared with those who had solids later than 9 weeks.

(ii) Infants who were artificially fed had a higher proportion of lower respiratory infections in the first 9 months than those who were breast fed.

(iii) Stroud (1968) drew attention to the fact that infants were moving to a solid diet at an early age and this had an important effect on obesity in infancy.

The British Medical Journal, 25.4.70., discussing Coeliac Disease (malabsorption of fat, carbohydrates and minerals) points out that the symptoms of this disease will not occur whilst the baby is entirely milk fed, since the symptoms are the result of sensitivity to the gluten fraction of wheat and rye protein, subsequent on the introduction of cereals into the diet. The article discusses the possible causes of this disease, and states "early exposure to gluten might be one of them, though there is no definite evidence that this is so". This article also emphasizes that excessive carbohydrate diet causes obesity in childhood which may be the precursor of childhood and adult obesity.

To clarify "early exposure to gluten etc." I wrote to the Editor of the British Medical Journal, and received the following reply -

"My own view is that the best time to introduce cereals is between 3 and 5 months of age (12 to 22 weeks). There is a certain amount of controversy about this, and it would be putting the point too strongly to talk in terms of "safety" or "danger". My reasons for recommending the time I do are:

1. Milk and vitamin supplements alone provide an adequate and balanced diet for infants up to the age of around 5 months. There is therefore no need to add anything else.
2. Doctors should be paying increasing concern to the prevention of obesity, with all its physical and social handicaps and its association with increased morbidity and mortality. There is increasing evidence that overfeeding and obesity in infancy, far from being harmless, are the precursors of obesity in later life. For some evidence on this, see E.E. Eid, British Medical Journal, April 11th, 1970, p. 74, and the leading article in the same issue "The Overweight Child p.64). If this is so, family doctors, those in infant welfare clinics and health visitors - who advise on infant feeding - may have a special responsibility in the prevention of obesity. Infant cereals consist largely of carbohydrate; when cereals are introduced into the diet it will therefore contain a higher proportion of carbohydrate. Excess carbohydrate in the diet will be laid down as fat. The baby who is started on cereals before 3 months will not necessarily become obese, but my experience is that he is more likely to do so. After cereals are introduced at 3 - 5 months, those who advise on feeding should see that weight gain is not excessive. We need to spread the idea that plumpness is not necessarily a sign of health in babyhood.

"There are a number of other arguments which might possibly be taken into account in discussing the optimum time for introducing cereals, but none of them materially affects the 3 - 5 month recommendation. Prevention of obesity is the factor which concerns me most. I think it is right to point out that not all paediatricians would make the same recommendations on infant feeding, but I think it is also fair to say that there is an increasing weight of paediatric opinion agreeing with the point of view which I have set out."

It is common fallacy that fatness once established is due to gluttony. In fat persons the food intake is often not raised above the normal, but what has been established is that fat people exercise less and move more slowly. Obese patients were found to do fourteen, and non obese thirty miles per week, so that in effect they are under-expending energy relative to intake.

As in my previous Annual Reports, I should like to record my appreciation of the help and co-operation received from the Council, from the Public Health Committee and from the members of the Staff.

I have the honour to be,
Your obedient servant,

P. POWER FOX

Medical Officer of Health.

INCANTON RURAL DISTRICT

STATISTICS OF THE AREA FOR THE YEAR 1969

Area (in acres)	...	...	...	...	64,397
Rateable Value (31.3.70)	...	...	...	...	£534,586
Estimated Produce of 1d. rate	...	...	...	...	£2,071
No. of inhabited houses	...	...	...	...	5,905
Population	...	...	...	...	16,900

RAINFALL

The rainfall for the year was 32.92 inches (35.42 inches in 1968)

VITAL STATISTICS OF THE YEAR

The statistics furnished by the Registrar General shows the number of births and deaths after correction has been made for transfers to the normal place of residence of the individuals concerned. From these figures can be calculated the "crude" birth and death rates. As, however, the highest mortality occurs at the two extremes of life, and industrial areas in general have a larger proportion of people living in the middle age periods of life, some correction must be made for the irregularities of distribution as regards age and sex, as otherwise the death rate will afford no accurate means of comparing the healthiness of one district with another. This comparability factor is furnished by the Registrar General and applied to the "crude" birth or death rate, gives a standardised rate and enables comparison to be made with the rate for England and Wales, or with rates of other districts.

	Local Authority Area			England & Wales (Total)
	Males	Females	Total	
Estimated mid-year home population	-	-	16,900	48,826,800
<u>Live Births</u> Total	126	116	242	797,542
Legitimate	120	109	229	730,500
Illegitimate	6	7	13	67,042
<u>Stillbirths</u> Total		2	2	10,662
Legitimate	-	1	1	9,555
Illegitimate	-	1	1	1,107
<u>Total Live and Still Births</u>	126	118	244	808,204
Legitimate	120	110	230	740,055
Illegitimate	6	8	14	68,149
<u>Deaths of Infants</u>				
Under 1 year of age				
Total	2	3	5	14,397
Legitimate	2	3	5	12,694
Illegitimate	-	-	-	1,703
Under 4 weeks of age				
Total	1	3	4	9,603
Legitimate	1	3	4	8,494
Illegitimate	-	-	-	1,109
Under 1 week of age				
Total	1	3	4	8,232
Legitimate	1	3	4	7,266
Illegitimate	-	-	-	966
<u>Deaths - All Ages</u>	115	129	244	579,463

	Local Authority Area	England & Wales
<u>Live Birth Rates etc.</u>		
Livebirths per 1,000 home population (crude rate)	14.3	16.3
Area comparability factor	1.17	1.00
Local adjusted rate	16.7	16.3
Ratio of local adjusted rate to national rate	1.03	1.00
Illegitimate live births as percentage of all live births	5	8
<u>Stillbirth Rate</u>		
Stillbirths per 1,000 total live and still births	8	13
<u>Infant Mortality Rates</u>		
Deaths under 1 year per 1,000 live births	21	18
Deaths of legitimate infants under 1 year per 1,000 legitimate live births	22	17
Deaths of illegitimate infants under 1 year per 1,000 illegitimate live births	-	25
<u>Neonatal Mortality Rate</u>		
Deaths under 4 weeks per 1,000 live births	17	12
<u>Early Neonatal Mortality Rate</u>		
Deaths under 1 week per 1,000 total live births	17	10
Perinatal Mortality Rate	-	-
Stillbirths and deaths under 1 week combined, per 1,000 live and still births	25	23
<u>Death Rates(All Ages) etc.</u>		
Deaths per 1,000 home population (crude rate)	14.4	11.9
Area Comparability Factor	.76	1.00
Local adjusted rate	10.9	11.9
Ratio of local adjusted rate to national rate	.92	1.00

DEATHS

The Standardised Death Rate was 10.9. The Death Rate for England and Wales was 11.9. The following Table shows the age and sex incidence as well as the causes of death. It will be noted that amongst the males, of the 115 deaths, 28 occurred between 65 and 75 years of age, and 54 over the age of 75 years. Of the females, out of the total of 129 deaths, 24 occurred between the ages of 65 and 75, and 87 were 75 years and over.

	Sex	Total Under 4 weeks											
		all Ages	4 weeks	& under 1 year	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+
Malignant Neoplasm,	M	1	-	-	-	-	-	-	-	-	-	-	1
Oesophagus	F	1	-	-	-	-	-	-	-	-	-	-	1
Malignant Neoplasm,	M	2	-	-	-	-	-	-	-	-	-	1	1
Stomach	F	4	-	-	-	-	-	-	1	-	-	-	3
Malignant Neoplasm,	M	2	-	-	-	-	-	-	-	-	-	1	1
Intestine	F	6	-	-	-	-	-	-	-	-	-	3	3
Malignant Neoplasm,	M	9	-	-	-	-	-	-	-	-	4	3	2
Lung, Bronchus	F	-	-	-	-	-	-	-	-	-	-	-	-
Malignant Neoplasm,	M	-	-	-	-	-	-	-	-	-	-	-	-
Breast	F	1	-	-	-	-	-	-	-	-	-	1	-
Malignant Neoplasm,	F	1	-	-	-	-	-	-	1	-	-	-	-
Uterus													
Leukaemia	M	1	-	-	-	-	-	-	-	-	-	1	-
	F	1	-	-	-	-	-	-	-	-	-	-	1
Other malignant	M	7	-	-	-	-	-	-	-	-	3	1	3
Neoplasms	F	6	-	-	-	-	-	1	-	-	-	3	2
Benign and													
Unspecified Neoplasms	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	1
Other Endocrine etc	M	-	-	-	-	-	-	-	-	-	-	-	-
Diseases	F	1	-	-	-	-	-	-	-	-	-	-	1
Anaemias	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	1
Chronic Rheumatic	M	3	-	-	-	-	-	-	-	-	1	-	2
Heart Disease	F	2	-	-	-	-	-	-	-	-	-	-	2
Hypertensive	M	5	-	-	-	-	-	-	-	-	2	1	2
Disease	F	1	-	-	-	-	-	-	-	-	-	-	1
Ischaemic Heart	M	25	-	-	-	-	-	1	1	5	5	13	
Disease	F	18	-	-	-	-	-	-	-	2	3	13	
Other forms of	M	6	-	-	-	-	-	-	-	-	-	-	6
heart disease	F	12	-	-	-	-	-	-	-	1	1	10	
Cerebrovascular	M	17	-	-	-	-	-	-	1	3	4	9	
Disease	F	33	-	-	-	-	-	-	1	2	6	24	
Other Diseases of	M	3	-	-	-	-	-	-	-	-	1	2	
Circulatory System	F	10	-	-	-	-	-	-	-	2	-	8	
Influenza	M	3	-	-	-	-	-	-	-	1	2	-	
	F	1	-	-	-	-	-	-	-	-	-	1	
Pneumonia	M	11	-	-	-	-	-	-	1	1	2	7	
	F	6	-	-	-	-	-	-	-	-	-	6	
Bronchitis and	M	2	-	-	-	-	-	-	-	1	-	1	
Emphysema	F	3	-	-	-	-	-	-	-	-	1	2	
Other Diseases of	M	5	-	1	2	-	-	-	-	-	1	1	
Respiratory System	F	-	-	-	-	-	-	-	-	-	-	-	
Peptic Ulcer	M	1	-	-	-	-	-	-	-	-	-	-	1
	F	-	-	-	-	-	-	-	-	-	-	-	-
Intestinal Obstruct-	M	1	-	-	-	-	-	-	-	-	1	-	
ion and Hernia	F	1	-	-	-	-	-	-	-	-	-	1	
Cirrhosis of Liver	M	1	-	-	-	-	-	-	-	-	1	-	
	F	2	-	-	-	-	-	-	-	1	-	1	

continued

		Total Under 4 weeks											
Sex		all	4	& under	1-	5-	15-	25-	35-	45-	55-	65-	75+
		Ages weeks 1 year											
Other Diseases of Digestive System	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	2	-	-	-	-	-	-	-	-	-	1	1
Nephritis and Nephrosis	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	2	-	-	-	-	-	-	-	-	-	2	-
Hyperplasia of Prostate	M	1	-	-	-	-	-	-	-	-	-	1	-
Other Diseases of Genito-Urinary System	M	1	-	-	-	-	-	-	-	-	-	-	1
	F	2	-	-	-	-	-	-	-	-	1	1	-
Diseases of Musculo Skeletal System	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	1	-
Congenital Anomalies	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	2	-	-	1	-	-	-	-	-	-	1	-
Other Causes of Perinatal Mortality	M	1	1	-	-	-	-	-	-	-	-	-	-
	F	3	3	-	-	-	-	-	-	-	-	-	-
Symptoms and ill-defined conditions	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	2	-	-	-	-	-	-	-	-	-	-	2
Motor Vehicle Accidents	M	2	-	-	-	-	-	-	-	1	-	1	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
All other accidents	M	2	-	-	-	-	-	-	-	1	-	-	1
	F	2	-	-	-	-	-	-	-	-	-	-	2
Suicide and self-inflicted injuries	M	2	-	-	-	-	-	-	-	-	1	1	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
All other external causes	M	1	-	-	-	1	1	-	-	-	-	-	-
	F	1	-	-	-	1	-	-	-	-	-	-	-
TOTAL, ALL CAUSES		M 115	1	1	2	-	1	-	1	5	22	28	54
	F 129		3	-	1	-	1	-	1	3	9	24	87

DEATHS FROM CANCER FOR PREVIOUS YEARS

1961	1962	1963	1964	1965	1966	1967	1968	1969
43	13	29	43	41	52	33	43	42

Cancer Death Rate

Wincanton Rural District	=	2.46
Somerset County	=	2.38
England and Wales	=	2.35

INFANTILE MORTALITY

The number of children dying within the first twelve months of life was 5. The rate per 1,000 live births was 21, as compared with England and Wales - 18.

Causes of Death and Age

	Under 4 weeks	4 weeks and under 1 year
Diseases of respiratory system	-	1
Other Causes of Perinatal Mortality	4	-
Total ...	4	1

MATERNAL MORTALITY

There were no maternal deaths during the year.

INFECTIOUS DISEASES NOTIFIED

The following Table sets out the details of infectious diseases notified during the year, also the figures for the previous year.

	Cases Notified	
	1969	1968
Measles	143	49
Whooping Cough	2	4
Scarlet Fever	-	3
Tuberculosis, Pulmonary	-	1
Infective Jaundice	6	6
Total ...	151	63

HOME HELP SERVICE

The work of the Home Help Service continues to be an essential auxiliary of the Health and Welfare Services, and the Table below shows the type of case and number dealt with during 1969.

<u>Type of Case</u>			
Old Age and Infirmary	...	...	49
Chronic Illness	...	...	2
			51

HOUSING

I am indebted to the Housing Officer for the following report.

Houses etc. completed during the year ended 31.12.69	...	Nil.
Houses etc., erected post-war	...	886
Houses etc., sold post-war	...	18
Total houses etc., erected by the Local Authority		
and still owned by them	...	1,742
No. of applicants on the Waiting List as at 31.12.69	...	352

CHILD WELFARE CLINICS

	CASTLE CARY.	HENSTRIDGE	MILBORNE PORT	WINCANTON	BRUTON	TOTAL
No. of children who attended for the first time, under 1 year of age ...	27	38	30	33	12	140
No. of children who attended during the year	81	163	88	83	43	458
Total attendances of children during the year	564	679	523	567	180	2,513
Average attendances of children per session	23.4	29.0	26.0	23.6	15.0	22.6
Total No. of consultations with Medical Officer	59	294	-	-	50	403
No. of medical sessions with Medical Officer	9	22	-	-	10	41
Total No. of sessions ...	24	23	24	24	12	107

A N N U A L R E P O R T
O F T H E
P U B L I C H E A L T H I N S P E C T O R

To The Chairman and Members of the Wincanton Rural District Council.

Ladies and Gentlemen,

I beg to present my annual report for the year ended 31st December, 1969.

The total number of inspections was 4,815 made up as follows:-

PUBLIC HEALTH ACTS

Camp Sites	...	...	...	...	...	...	...	7
Caravan Sites...	...	...	...	...	...	...	...	82
Dangerous Buildings and Demolition Sites	...	...	...	...	...	...	...	26
Drainage, Sewers and Sewage Disposal	...	...	...	...	...	...	...	531
Nuisances..	...	...	...	...	...	...	...	153
Rodent and other infestations	...	...	...	...	...	...	...	14
Infectious diseases...	...	...	...	...	...	...	...	5
Water Supplies..	...	...	...	...	...	...	...	21
Sanitary Accommodation	...	...	...	...	...	...	...	13
<u>New Buildings</u>								
Building Regulations and Town Planning..	...	...	...	...	...	...	...	2347
<u>Housing</u> ...	...	...	...	...	...	...	...	218
<u>Grants</u> ...	...	...	...	...	...	...	...	283
<u>Food & Drugs Act.</u>								
Meat inspection	...	...	...	...	...	...	...	446
Food premises...	...	...	...	...	...	...	...	205
Food inspection.	...	...	...	...	...	...	...	37
Slaughterhouses.	...	...	...	...	...	...	...	2
<u>Petroleum</u>	...	...	...	...	...	...	...	79
<u>Factories</u>	...	...	...	...	...	...	...	2
<u>Offices, Shops & Railway Premises Act</u> ...	...	...	...	...	...	...	...	110
<u>Waste Food Order</u>	...	...	...	...	...	...	...	2
<u>Miscellaneous</u> ...	...	...	...	...	...	...	...	232
								<u>4815</u>

WATER SUPPLIES

The water supplies of the District have been generally satisfactory in both quality and quantity.

Routine sampling of the public supplies, both chemical and bacteriological, are undertaken by the Wessex Water Board and copies of the reports have been supplied.

Sampling has also been undertaken by this Department with the following results.

SUPPLY	RAW WATER				TREATED AFTER GOING INTO SUPPLY			
	BACTERIOLOGICAL		CHEMICAL		BACTERIOLOGICAL		CHEMICAL	
	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory
Public	-	-	-	-	1	-	-	-
Private	5	9	NIL	NIL	1	NIL	NIL	NIL

HOUSING

Housing - Action under the Housing Acts.

1. Total number of inspections.....218

Informal Action.

2. (a) No. of defective houses rendered fit in consequence of informal action..... 29

(b) No. of houses demolished voluntarily or in consequence of informal action..... 6

Statutory Action (Housing Act).

3. (a) No. of houses in respect of which notices were served requiring repair..... NIL

(b) No. of houses in which defects were remedied after service of formal notice:-

(i) By owner (Sec. 10 to 26)..... 2

(ii) By the L.A. in default (Sec.10)..... NIL

Statutory Action (Public Health Act).

4. (a) No. of houses in respect of which formal notices were served requiring repair..... NIL

(b) No. of houses in which defects were remedied:-

(i) By the owner..... NIL

(ii) By the L.A. in default..... NIL

Housing Act, Section 16/42.

5. (a) No. of houses in respect of which notices were served under Section 16.....	16
(b) No. of houses included in Clearance Areas.....	NIL
(c) No. of Demolition Orders.....	2
(d) No. of Closing Orders.....	11
(e) No. of houses demolished following action under 9(b) and (c).....	1
(f) No. of houses closed following action under 9(d).....	6
(g) No. of Undertakings Not to Use accepted.....	NIL
(h) No. of houses closed as a result of action under 9(g)	NIL
(i) No. of Undertakings to carry out works accepted.....	1

Housing Act, Section 18.

6. (a) No. of separate tenements or underground rooms in respect of which Closing Orders were made.....	NIL
(b) No. of houses closed as a result of action under 10(a)	NIL
(c) No. of separate tenements or underground rooms in respect of which the Closing Orders were determined, the premises having been made fit.....	NIL

Housing Act, 1961.

7. Houses in multiple occupation. Notices served under:-

(a) Section 15.....	NIL
(b) Section 16.....	NIL

Housing Act, 1961.

Overcrowding.

8. (a) No. of dwellings overcrowded at the end of the year.	1
(i) No. of families involved.....	1
(ii) No. of people involved.....	7
(b) (i) No. of cases abated during the year.....	NIL
(ii) No. of persons involved.....	NIL
(c) No. of cases having become overcrowded again, after the Local Authority have taken steps to abate the overcrowding.....	NIL

IMPROVEMENT GRANTS

Number of Applications and Houses dealt with by the Local Authority.

	Up to August, 1969.				After August, 1969.			
	Received		Approved		Received		Approved	
	Appli- cations	No. of Dwel- lings	Appli- cations	No. of Dwel- lings	Appli- cations	No. of Dwel- lings	Appli- cations	No. of Dwel- lings
Improvement Grants	4	4	3	3	4	4	4	4
Standard Grants	12	12	10	10	8	8	7	7
Special Grants	-	-	-	-	NIL	NIL	NIL	NIL

There was understandably, a long stand-still period at the middle of the year, awaiting the increased benefits of the 1969 Act.

New Housing

The following table gives details of the 75 dwellings erected during the year, the figures in brackets being those for 1968:-

	COUNCIL HOUSES			PRIVATE ENTERPRISE
	1 Bed Bung- alows	2 Bed Houses	3 Bed Houses	
ALFORD.	-	-	-	-
ANSFORD.	-	-	-	31
BRATTON SEYMOUR.	-	-	-	-
BREWHAM.	-	-	-	2
BRUTON.	-	-	-	1
CASTLE CARY.	-	-	-	13
CHARLTON HORETHORNE.	-	-	-	1
CHARLTON MUSRGROVE.	-	-	-	1
CORTON DENHAM.	-	-	-	1
CUCKLINGTON.	-	-	-	-
HENSTRIDGE.	-	-	-	4
HOLTON.	-	-	-	-
HORSINGTON.	-	-	-	1
LOVINGTON.	-	-	-	-
MILBORNE PORT.	-	-	-	7
NORTH CADBURY.	-	-	-	-
NORTH CHERITON.	-	-	-	-
PENSELWOOD.	-	-	-	2
PITCOMBE.	-	-	-	-
QUEEN CAMEL.	-	-	-	-
SHEPTON MONTAGUE.	-	-	-	-
SOUTH BARROW.	-	-	-	-
SPARKFORD.	-	-	-	2
STOKE TRISTER.	-	-	-	1
TEMPLECOMBE.	-	-	-	6
WINCANTON.	-	-	-	2
	-	-	-	NIL (12)
				75 (62)

There were no Council Houses and 90 Private Enterprise Houses under construction at the end of the year.

During the year the tenants of 7 "Condemned" houses were rehoused in Council Houses.

There remains 24 occupied houses which are subject to Demolition Orders, Closing Orders or Undertakings Not to Use.

COMMON LODGING HOUSES.

There are no Common Lodging Houses in the area.

MOVEABLE DWELLINGS - CARAVANS.

No real problem exists, except to establish which of the many caravans in existence actually need to be licensed.

STATUTORY AND INFORMAL ACTION (other than Housing)

Informal Action

In addition to 80 Informal Notices outstanding at the beginning of the year 94 have been served. Of the total of 174, 23 have been complied with.

Statutory Action

PUBLIC HEALTH ACTS

Statutory Notices served..... 4

Statutory Notices Complied With..... 1

Noise Abatement Act, 1960.

On at least three occasions it was necessary to complain to contractors, working in built up areas, that the noise mufflers provided for their road drills were not in use. It is surprising that no complaint was received from the public and equally that the workmen do not for their own comfort, use these mufflers without having to be reminded.

HOUSE REFUSE AND SALVAGE

The House Refuse scheme continues to operate by direct labour, using three 16/24 cubic yard rear loading vehicles.

Weekly collections are made in Ansford, Bruton, Castle Cary, Milborne Port and Wincanton, involving a population of 7,500. The remainder of the District, with the exception of a few outlying and isolated premises, has a collection each fortnight.

Refuse disposal is by tipping at Bowden and Sparkford and a salvage depot is in operation at Maperton.

Closet Accommodation

There were 9 Pail to Water closet conversions and 7 Chemical to Water closet conversions.

Public Conveniences

There are six public conveniences in the District. One each at Bruton and Milborne Port, two each at Castle Cary and Wincanton. Coin boxes were removed on 1st of April.

FOOD

- (1) The number and type of food premises in the District are as follows:-

Hotels and Public Houses	...	...	...	...	...	...	50
Grocery Stores (inc. greengroceries & Village Stores).							69
Butcheries...	...	...	...	...	...	...	13
Confectioneries	...	...	...	...	...	...	25
Cafes..	...	...	...	...	...	...	16
Fried Fish and Wet Fish Shops.	...	...	...	...	...	...	4
Licensed Slaughterhouses.	...	...	...	...	...	...	2
Egg Packing and Poultry Plucking Stations.	...	...	...	...	...	...	1
Dairies	...	...	...	...	...	...	6
Canteens and School Meals Kitchens..	...	...	...	...	...	...	9
Bakeries	...	...	...	...	...	...	12
Wholesale Groceries	...	...	...	...	...	...	1

- (2) The number of Food Premises registered and operating under Section 16 of the Food & Drugs Act, 1955, is ... 117 +

For the sale of Ice-Cream:-

Groceries..	...	...	...	...	...	...	67
Confectioneries..	...	...	...	...	...	...	20
Dairies	...	...	...	...	...	...	1
Works Canteens...	...	...	...	...	...	...	1
Cafes	...	...	...	...	...	...	8
							<u>97</u>

For the sale of Fried Fish ... 7 7

For Sausage Making ... 13 13 +

+ (One premises is registered under two headings) 117

No. of Registered Dairies... 6

FOOD HYGIENE REGULATIONS.

205 inspections were made, a considerable improvement on last year, thanks to the enthusiasm of Mr. Barnett.

Miscellaneous Foods.

During the year 3,748 tins and packages of various foodstuffs, weighing 3 tons 7 cwt 1 lb. 3 lbs. 1 oz., were condemned. These foods were disposed of by burial at the Refuse Tip.

OFFICES, SHOPS & RAILWAY PREMISES ACT, 1963.

Progress has been maintained with inspections under this Act. A total of 110 visits have been made during the year, including 20 general inspections.

Nine additional premises were registered during the year, bringing the total number to 118.

Twenty-five informal notices were served and Seven were complied with during the year.

MEAT

A hundred per-cent inspection of Meat has been maintained, with the results shown in the following table.

Carcases and Offal Inspected and Condemned in Whole or in Part during year.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Goats
Number killed	654	1392	286	1431	229	9
Number inspected	654	1392	286	1431	229	9
<u>All diseases except Tuberculosis and Cysticerci.</u>						
Whole carcasses condemned	2	107	57	69	10	1
Carcasses of which some part or organ was condemned.	91	907	8	232	23	1
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci.	14.2	72.8	22.7	21.	14.1	22.
<u>Tuberculosis only</u>						
Whole carcasses condemned						
Carcasses of which some part or organ was condemned.					1	
Percentage of the number affected with tuberculosis.					.4	
<u>Cysticercosis</u>						
Carcasses of which some part or organ was condemned.		1				
Carcasses submitted to treatment by refrigeration.		1				
Generalised and totally condemned.						
Weight of meat con- demned (in lbs.) for:-						
(a) Tuberculosis						
(b) Cysticercosis				N/A		
(c) Other						
Total (in lbs.)condemned						

RODENT CONTROL

No charge is made for operations at dwellings.

Charges based on the actual cost of operations continue to be made in respect of business and agricultural premises.

The sewers, sewage works and refuse tips are all subject to regular treatment.

The summary of operations is given in the following table:-

	CLASS OF PROPERTY			
	L.A.	D.H's.	Business	Agric.
Prevalence of rats and/or mice	29	188	18	43
Number infested by:-				
Rats - Major 	2	3	-	8
- Minor 	25	172	15	34
Mice - Major 	-	-	-	-
- Minor 	2	13	3	1
Number of properties inspected	36	202	25	55
Number of properties treated	29	188	18	43

I am, Ladies and Gentlemen,

Your obedient Servant,

F.R. BEALING.

Senior Public Health Inspector.

